

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>TA/le</i>		<i>06-05-01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>TMW</i>		<i>06-13-01</i>
<b>FORMALITY REVIEW</b>	<i>IC</i>	<i>JCS/1705</i>	<i>06/01/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/7/02
2	✓	✓	8/6/02
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21	N	N	
22	✓		
23	✓		
24	✓		
25	T	N	
26	✓		
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36			
37		✓	
38	N		
39	N		
40	N		
41	✓		
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Claim	Final	Original	Date
51	✓		
52	✓		
53	N		
54	N		
55	N		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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AB 10/10/01